

## (1) PLACE OF BIRTH

County of LexingtonTownship of Lexington

or

Inc. Town of Lexington

or

City of Lexington

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Catherine Katherine

File No.—For State Registrar Only

19391

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3707Registered No. 08  
(For use of Local Registrar)(No. 5100 St. St. Ward)

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>June 16 1939</u> (Name of Month) (Day) (Year)
---------------------------	-------------------------------	--------------------------------------	-----------------------------------	--

## FATHER.

8) FULL NAME C. Lawrence Katherine9) PRESENT POSTOFFICE OF FATHER Lexington S.C.10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)12) BIRTHPLACE Lexington S.C.13) OCCUPATION Farm Laborer20) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Queenie Simpkins15) PRESENT POSTOFFICE OF MOTHER Lexington S.C.16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 16 (Years)18) BIRTHPLACE Lexington S.C.19) OCCUPATION 21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 12:29 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Catherine Carter Moody(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lexington S.C.

Given name added from a supplemental report

(26) Witness J. H. Keap  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 26 1939 (28) J. H. Keap Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

NOTICE: This form is to be filled out by the attending physician or midwife, or by the father, householder, etc., if no attending physician or midwife is present. It is to be filed with the local registrar, who will forward it to the state registrar. It is to be filled out for every birth, stillbirth, or abortion, and for every case of twinning or stillbirth. It is to be filled out for every case of stillbirth, even if the child is not yet named. It is to be filled out for every case of stillbirth, even if the child is not yet named. It is to be filled out for every case of stillbirth, even if the child is not yet named.